Ethnicity: The Region IV Chlamydia project requires patient ethnicity data using the following codes:

1 White, Non Hispanic
2 Black, Non Hispanic
4 American Indian
5 Oriental
6 Hispanic White
7 Hispanic Black

Use the Nucleic Acid Amplification Test (NAAT) transport provided, after collection store at 2º - 30º C.

Submissions should occur within 24 hours of collection.

*Urine specimens must be transferred to the urine transport tube within 24 hours of collection.

Patient's name and date of collection must be included on specimen container.

Specimen collection kits are supplied by this laboratory. Only use specimen collection kits within the stamped expiration date.

Form 194
Revised 1/11/2005

"This form, when filled in, contains patient information that must be protected in accordance with the Health Insurance Portability & Accountability Act."

Kentucky Public Health Laboratory
100 Sower Blvd., North Loading Dock,
P.O. Box 2020
Frankfort, Kentucky 40602-2020
Phone: 502/564-4446 Fax: 502/564-7019
William D. Hacker, M.D., Acting Director

Yellow copy should be retained by the submitter.

CHLAMYDIA TRACHOMATIS
and
NEISSERIA GONORRHOEAE
by Nucleic Acid Amplified Test (NAAT)

See information on reverse side

PATIENT INFORMATION:

Name (Last, First, MI) *(Codes defined on reverse side)*

Social Security # Sex Age DOB Race/Ethnicity *(circle one)* 1 2 4 5 6 7

Home Address

City State Zip Code County

Send Report To:

Health Department

Street Address (PO BOX)

City State Zip Code

Please use "L" label or fill in completely

Reason For Testing: Did the patient present with Chlamydia/GC symptoms? ☐ Yes ☐ No
Is the patient pregnant? ☐ Yes ☐ No ☐ Unknown

Mark one:
- ☐ Volunteer/Medical Problem
- ☐ Initial (Fam. Plan.) Visit
- ☐ Revisit/Annual (Fam. Plan.)
- ☐ Prenatal Visit
- ☐ Sex Partner Referral
- ☐ Other, please specify_____
- ☐ Unknown/Undetermined_____
- ☐ Cancer

Specimen Information: Source (mark one): ☐ Cervical ☐ Urine ☐ Urethral ☐ Other, specify_____

Date of Collection _____
(dd-mmm-yy)

≈≈≈≈≈≈≈≈≈≈≈≈≈≈≈≈≈≈≈≈***For Laboratory Use Only***≈≈≈≈≈≈≈≈≈≈≈≈≈≈≈≈≈≈≈≈

Laboratory Results

Chlamydia trachomatis	Neisseria gonorrhoeae	Unsatisfactory
☐ Negative	☐ Negative	☐ No Specimen Received
☐ Positive	☐ Positive	☐ Improper Swabs
☐ Indeterminate (submit another specimen)	☐ Indeterminate (submit another specimen)	☐ Transport Media Expired
		☐ Other_____

Date and Time Received: **Laboratory Number:**

Date Reported: **Technologist:**